

SERFF Tracking Number:	CNNB-125519755	State:	Arkansas
Filing Company:	The Cincinnati Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	ALL-08-7043-AR		
TOI:	01.0 Property	Sub-TOI:	01.0002 Personal Property (Fire and Allied Lines)
Product Name:	w/d IX001		
Project Name/Number:	/		

Filing at a Glance

Company: The Cincinnati Insurance Company

Product Name: w/d IX001

TOI: 01.0 Property

Sub-TOI: 01.0002 Personal Property (Fire and Allied Lines)

Filing Type: Form

SERFF Tr Num: CNNB-125519755 State: Arkansas

SERFF Status: Closed

Co Tr Num: ALL-08-7043-AR

Co Status:

Author: Matt Terrell

Date Submitted: 03/03/2008

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding

Disposition Date: 03/05/2008

Disposition Status: Approved

Effective Date Requested (New): 10/01/2008

Effective Date Requested (Renewal): 10/01/2008

Effective Date (New): 10/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 03/05/2008

State Status Changed: 03/05/2008

Corresponding Filing Tracking Number:

Filing Description:

withdrawal of IX001 from Dwelling Program and Personal Umbrella Program

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

Matt Terrell, Senior Filings Analyst

matt_terrell@cinfin.com

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<i>Company Tracking Number:</i>	<i>ALL-08-7043-AR</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0002 Personal Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>w/d IX001</i>		
<i>Project Name/Number:</i>	<i>/</i>		

6200 S. Gilmore Road	(513) 603-5264 [Phone]
Fairfield, OH 45014	(513) 881-8885[FAX]

Filing Company Information

The Cincinnati Insurance Company	CoCode: 10677	State of Domicile: Ohio
6200 S. Gilmore Rd.	Group Code: 244	Company Type:
Fairfield, OH 45014	Group Name:	State ID Number:
(513) 870-2000 ext. [Phone]	FEIN Number: 31-0542366	

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Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Insurance Company	\$50.00	03/03/2008	18280436

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	03/05/2008	03/05/2008

SERFF Tracking Number: *CNNB-125519755*

State: *Arkansas*

Filing Company: *The Cincinnati Insurance Company*

State Tracking Number: *EFT \$50*

Company Tracking Number: *ALL-08-7043-AR*

TOI: *01.0 Property*

Sub-TOI: *01.0002 Personal Property (Fire and Allied
Lines)*

Product Name: *w/d IX001*

Project Name/Number: */*

Disposition

Disposition Date: 03/05/2008

Effective Date (New): 10/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>CNNB-125519755</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Cincinnati Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Form Memorandum	Approved	Yes
Form	TRANSFER OF COVERAGE	Withdrawn	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Withdrawn	TRANSFER OF COVERAGE	IX001	12-91	Application/Withdrawn Binder/Enrollment	Replaced Form #:0.00 N/A Previous Filing #:		

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Review Status:

Approved 03/05/2008

Comments:

Attachment:

#P&CTransmittal.pdf

Satisfied -Name: Form Memorandum

Review Status:

Approved 03/05/2008

Comments:

Attachment:

Form Memo.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
The Cincinnati Insurance Companies	10677

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Cincinnati Insurance Company	OH	0244-10677	31-0542366	

5. Company Tracking Number	ALL-08-7043-AR
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Matt Terrell P.O. Box 145496 Cincinnati, OH 45250-5496	Senior Analyst	513.603.5264	513.881-8885	matt_terrell@cinfin.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Matt Terrell

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Multi Line
10. Sub-Type of Insurance (Sub-TOI)	Dwelling/Liability Personal Umbrella
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Dwelling and Liability Program Personal Umbrella Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 10/1/08 Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	3/3/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	ALL-08-7043-AR
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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New or Revised Form	Replaced Form	Description of Change
n/a	IX-001 (12/91)	TRANSFER OF COVERAGE - withdrawn.

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: EFT Amount: 50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>



*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**THE CINCINNATI INSURANCE COMPANY
ARKANSAS DWELLING/LIABILITY PROGRAM
ARKANSAS PERSONAL UMBRELLA PROGRAM
FORM MEMORANDUM
Filing # ALL-08-7043-UT**

**New or
Revised Form**

Replaced Form

Description of Change

n/a

IX-001 (12/91)

TRANSFER OF COVERAGE - withdrawn.